

02/19/2008 LLANDGRA 00000054 020200

20.00 DA

01 FC:1615

10509752

30.00 OP

IAPO7Rec'd PCT 15 FEB 2008

02/19/2008 DEMHANUY 00000018 020200 10509752

01 FC:1861

819.00 OP

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Subsection (b) of 35 U.S.C. §132, effective on May 29, 2000, provides for continued examination of an utility or plant application filed on or after June 8, 1995.

See The American Inventors Protection Act of 1999 (AIPA).

Application Number	10/509,752
Filing Date*	September 30, 2004
First Named Inventor	Norifumi HASEGAWA
Group Art Unit	1751
Examiner Name	Khanh T. Nguyen
Attorney Docket No.	HASE3004/GAL

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

NOTE: * Filing date must be on or after June 8, 1995; but if before May 29, 2000, then consider a CPA.

1. Please consider the following as the required submission under 37 C.F.R. §1.114:

		b. The I	. The Information Disclosure Statement (IDS) filed on (date):								
		c. The a	argume	ents in the Brief/Reply Brief filed on (date):							
		d. The	pag	age(s) of Form PTO-1449 and copy of each listed document filed (date):							
		e. Othe	:								
Ø	2.	A further	<u>further one</u> month Petition for Extension of Time is filed herewith.								
Ø	■ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17 to Deposit Account No. 02-0200.										
Ø	 A check in the amount of \$<u>1430.00</u> is submitted herewith. Includes \$790 RCE fee; \$590 Extension fee; and \$50 extra claim fee. 										
	5.	. This Request is transmitted by facsimile to number (703)									
□ 6. Other:											
THE RCE FEE IS CALCULATED AS FOLLOWS:							Basic Fee:	\$790.00			
Total Claims: 26		-	25	(highest number previously paid for) =		X \$50 =	50.00				
Independent Claims:		-		(highest number previously page 1)	aid for) =	X \$200 =					
Correspondence Address:						Multiple Dependent Claim (add \$360.00):					
23364 Customer Number							Multiple De	ependent Claim (add \$360.00):			
	•	ondence Addre					Multiple De	ependent Claim (add \$360.00): Subtotal:			
		ondence Addre						```			
Ph	one:	: 703-683	Cı	usto				Subtotal:	\$840.00		
Ph	one:		Cı	usto		Number	50% R	Subtotal:	\$840.00 Reg. No.		
		: 703-683	Ct	usto	mer N	Number Fax: 703-683-1080	50% R	Subtotal: eduction if Small Entity Surus:			